



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 7534 2098 9843 91

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box\*

OWEN BARNABY

P.O. Box 1926

Kennesaw GA 30156

Bossproperties96@gmail.com

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

THADDEUS HACKWORTH ATTY  
BERRIEN COUNTY GOVERNMENT  
701 MAIN STREET  
ST JOSEPH MICHIGAN  
49085



9590 9402 7534 2098 9843 91

## 2. Article Number (Transfer from service label)

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

|  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

|   |
|---|
| <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Domestic Return Receipt

7022 1670 0001 2173 0504

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7022 1670 0001 2173 0504

7022 1670 0001 2173 0504

**PRIORITY®**  
★ MAIL ★



VISIT US AT [USPS.COM](http://USPS.COM)  
ORDER FREE SUPPLIES ONLINE

FROM: OWEN BARNARD  
P.O. Box 1926  
KENNESAW GA 30156

THADDEUS HACKWORTH ATTY  
TO: GENERAL COUNSEL  
BERRIEN COUNTY GOVERNMENT

701 MAIN STREET  
ST. JOSEPH MICHIGAN 49085

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only**

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

## Certified Mail Fee

\$

Extra Services &amp; Fees (check box and fee as appropriate)

 Return Receipt (Handcopy) \$ Return Receipt (Electronic) \$ Certified Mail Restricted Delivery \$ Adult Signature Required \$ Adult Signature Restricted Delivery \$Postmark  
Here

Postage

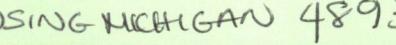
\$

Total Postage and Fees

\$

Send To  
THADDEUS HACKWORTH ATTY  
Street and Lot No., or PO Box No.  
701 MAIN STREET  
City State ZIP+4  
St. JOSEPH MICHIGAN 49085

See Reverse for Instructions

|  |  |   |  |
|--|--|---|--|
| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature</p> <p><b>X</b></p> <p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p>   |  |
| <p>1. Article Addressed to:</p> <p><b>NICHOLAS BAGLEY ATTN<br/>OFFICE OF GOVERNOR OF MICHIGAN<br/>ROMNEY BUILDING<br/>111 SOUTH CAPITAL AVE<br/>LANSING MICHIGAN 48933</b></p>   |  | <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>   |  |
|  <p>9590 9402 7437 2055 8015 30</p>   |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
| <p>2. Article Number (Transfer from service label)</p>   |  | <p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |  |



## Domestic Return Receipt

The logo for the U.S. Postal Service, featuring a stylized 'M' in blue and red, followed by the words 'U.S. POSTAL SERVICE' in a serif font.

VISIT US AT **USPS.COM**  
ORDER FREE SUPPLIES ONLINE

**FROM:** OWEN BARNABY  
P.O. Box 1926  
KENNESAW GA 30156

NICHOLAS BAGLEY  
**TO: GENERAL COUNSEL**  
OFFICE OF GOVONOR OF MICHIGAN  
ROMNEY BUILDING  
111 SOUTH CAPITAL AVE  
LANSING MICHIGAN 48901

Label 228, March 2016

## FOR DOMESTIC AND INTERNATIONAL

**VISIT US AT USPS.COM**  
ORDER FREE SUPPLIES ONLINE

|   |  |   |  |
|---|--|---|--|
| <b>SENDER: COMPLETE THIS SECTION</b>  |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p><b>A. Signature</b></p> <p><b>X</b></p> <p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p>  |  |
| <p>1. Article Addressed to:</p> <p>ATTORNEY CAMI PENDELL<br/>SUPREME COURT OF MICHIGAN<br/>P.O. BOX 30048<br/>LANSING, MICHIGAN<br/>48909</p> <p>9590 9402 7437 2055 8015 54</p> <p></p>   |  | <p><b>B. Received by (Printed Name)</b></p> <p><b>C. Date of Delivery</b></p>   |  |
|   |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
| <p>2. Article Number (Transfer from service label)</p>  |  | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |  |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>  |  |   |  |

|  |  |   |  |
|--|--|---|--|
| <p>PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE</p> <p><b>CERTIFIED MAIL®</b></p> <p>7022 1670 0001 2173 0542</p> |  | <p><b>U.S. Postal Service™</b><br/><b>CERTIFIED MAIL® RECEIPT</b><br/><i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee<br/>\$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input checked="" type="checkbox"/> Return Receipt (electronic) \$</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage<br/>\$</p> <p>Total Postage and Fees<br/>\$</p> <p><i>Sent To</i><br/>ATTORNEY CAMI PENDELL<br/>Street and Apt. No., or P.O. Box No.<br/>P.O. BOX 30048<br/>City, State, ZIP4®<br/>LANSING MICHIGAN 48909</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> <p>See Reverse for Instructions</p> |  |
|--|--|---|--|

|   |  |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
|---|--|---|--|--|---|--|---|--|--|---|--|--|---|--|--|---------------------------------------|--|--|--|
| <b>SENDER: COMPLETE THIS SECTION</b>  |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>                        |  | <p>A. Signature<br/><b>X</b></p> <p><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <p>1. Article Addressed to:<br/> <b>KATHERINE GARDNER<br/>GENERAL COUNSEL UPL<br/>STATE BAR OF MICHIGAN<br/>306 TOWNSEND STREET<br/>LANSING MICHIGAN 48933</b> </p> <p></p> <p>9590 9402 7534 2098 9845 51</p> |  | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> |  | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Restricted Delivery | <input type="checkbox"/> Insured Mail |  | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |
| <input type="checkbox"/> Adult Signature  | <input type="checkbox"/> Priority Mail Express®              |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery  | <input type="checkbox"/> Registered Mail™                    |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Certified Mail®  | <input type="checkbox"/> Registered Mail Restricted Delivery |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery   | <input type="checkbox"/> Signature Confirmation™             |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Collect on Delivery  | <input type="checkbox"/> Signature Confirmation              |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery  | <input type="checkbox"/> Restricted Delivery                 |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Insured Mail   |  |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  |  |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <p>2. Article Number (Transfer from service label)</p>  |  |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

|  |  |  |  |
|--|--|--|--|
| <p>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT<br/>OF THE RETURN ADDRESS. FOLD AT DOTTED LINE</p> <p><b>CERTIFIED MAIL®</b></p> <p>7022 1670 0001 2173 0559</p> <p></p> <p>2173 0559<br/>2173 0559<br/>0001 2173 0559<br/>0001 2173 0559<br/>1670 1670<br/>7022 7022</p> |  | <p><b>U.S. Postal Service™<br/>CERTIFIED MAIL® RECEIPT<br/>Domestic Mail Only</b></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee<br/>\$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input checked="" type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage<br/>\$</p> <p>Total Postage and Fees<br/>\$</p> <p>Send To<br/>KATHERINE GARDNER ATN<br/>Street and Apt. No., or P.O. Box No.<br/>306 TOWNSEND STREET<br/>City, State, Zip/Postcode<br/>LANSING MICHIGAN 48933</p> <p>Postmark Here</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-9047<br/>See Reverse for Instructions</p> |  |
|--|--|--|--|

|  |   |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
|--|---|---|--|--|---|--|---|--|--|---|--|--|---|--|--|---------------------------------------|--|--|--|
| <b>SENDER: COMPLETE THIS SECTION</b>   |   | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |   | <p>A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <input type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <p>1. Article Addressed to:</p> <p>MARGE DURAM-HIATT<br/>SUPERVISOR<br/>NILES CHARTER TOWNSHIP<br/>320 BELL RD<br/>NILES MICHIGAN 49120</p> <p></p> <p>9590 9402 7437 2055 8015 47</p>  |   | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> |  | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery |  | <input type="checkbox"/> Insured Mail |  | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |
| <input type="checkbox"/> Adult Signature   | <input type="checkbox"/> Priority Mail Express®                     |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery   | <input type="checkbox"/> Registered Mail™                           |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Certified Mail®   | <input type="checkbox"/> Registered Mail Restricted Delivery        |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Signature Confirmation™                    |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Collect on Delivery   | <input type="checkbox"/> Signature Confirmation Restricted Delivery |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery   |   |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Insured Mail  |   |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)   |   |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| 2. Article Number (Transfer from service label)  |   |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

|  |                         |   |                         |   |                         |  |                         |   |                         |  |                         |
|--|-------------------------|---|-------------------------|---|-------------------------|--|-------------------------|---|-------------------------|--|-------------------------|
| <b>U.S. Postal Service™<br/>CERTIFIED MAIL® RECEIPT</b><br><i>Domestic Mail Only</i>   |                         |   |                         |   |                         |  |                         |   |                         |  |                         |
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.<br><b>OFFICIAL USE</b>  |                         |   |                         |   |                         |  |                         |   |                         |  |                         |
| <p><b>Certified Mail Fee</b></p> <p>\$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ <input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Return Receipt (electronic)</td> <td>\$ <input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ <input type="text"/></td> </tr> </table> |                         | <input checked="" type="checkbox"/> Return Receipt (hardcopy) | \$ <input type="text"/> | <input checked="" type="checkbox"/> Return Receipt (electronic) | \$ <input type="text"/> | <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | \$ <input type="text"/> | <input type="checkbox"/> Adult Signature Required | \$ <input type="text"/> | <input type="checkbox"/> Adult Signature Restricted Delivery | \$ <input type="text"/> |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy)  | \$ <input type="text"/> |   |                         |   |                         |  |                         |   |                         |  |                         |
| <input checked="" type="checkbox"/> Return Receipt (electronic)  | \$ <input type="text"/> |   |                         |   |                         |  |                         |   |                         |  |                         |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery   | \$ <input type="text"/> |   |                         |   |                         |  |                         |   |                         |  |                         |
| <input type="checkbox"/> Adult Signature Required  | \$ <input type="text"/> |   |                         |   |                         |  |                         |   |                         |  |                         |
| <input type="checkbox"/> Adult Signature Restricted Delivery   | \$ <input type="text"/> |   |                         |   |                         |  |                         |   |                         |  |                         |
| <p><b>Postage</b></p> <p>\$</p> <p><b>Total Postage and Fees</b></p> <p>\$</p>   |                         |   |                         |   |                         |  |                         |   |                         |  |                         |
| <p><b>Sent To</b></p> <p>MARGE DURAM-Hiatt</p> <p>Street and Apt. No., or P.O. Box No.<br/>320 BELL RD</p> <p>City, State, ZIP+4®<br/>NILES MICHIGAN 49120</p>   |                         |   |                         |   |                         |  |                         |   |                         |  |                         |
| Postmark<br>Here   |                         |   |                         |   |                         |  |                         |   |                         |  |                         |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

JEFFERY HOLMSTROM  
HOLMSTROM LAW OFFICE  
830 PLEASANT STREET  
SUITE 100 49085  
ST. JOSEPH MICHIGAN



9590 9402 7437 2055 8015 85

## 2. Article Number (Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

**X**

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

|  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, July 2020 PSN 7530-02-000-9053

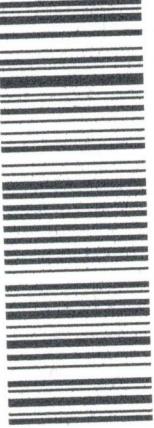
Domestic Return Receipt

|   |  |  |                          |  |  |                          |
|---|--|--|--------------------------|--|--|--------------------------|
| 7022 1670 0001 2173 0528<br>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT<br>OF THE RETURN ADDRESS. FOLD AT DOTTED LINE   |  |  | 7022 1670 0001 2173 0528 |  |  | 7022 1670 0001 2173 0528 |
| <b>U.S. Postal Service™<br/>CERTIFIED MAIL® RECEIPT<br/>Domestic Mail Only</b>  |  |  |                          |  |  |                          |
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.  |  |  |                          |  |  |                          |
| <b>OFFICIAL USE</b>   |  |  |                          |  |  |                          |
| Certified Mail Fee<br>\$<br>Extra Services & Fees (check box, add fee as appropriate)<br><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ _____<br><input checked="" type="checkbox"/> Return Receipt (electronic) \$ _____<br><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$ _____<br><input type="checkbox"/> Adult Signature Required \$ _____<br><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ |  |  |                          |  |  |                          |
| Postage<br>\$<br>Total Postage and Fees<br>\$<br>Sent To<br>CITY: JEFFERY HOLMSTROM<br>Street and Apt. No., or P.O. Box No.<br>830 PLEASANT STREET SUIT 100<br>City, State, ZIP+4®<br>ST. JOSEPH, MICHIGAN 49085  |  |  |                          |  |  |                          |
| Postmark<br>Here  |  |  |                          |  |  |                          |
| PS Form 3800, April 2015 PSN 7530-02-000-9047   |  |  |                          |  |  |                          |
| See Reverse for Instructions  |  |  |                          |  |  |                          |

|  |  |   |                            |
|--|--|---|----------------------------|
| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |                            |
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <b>A. Signature</b><br><b>X</b>   |                            |
| <b>1. Article Addressed to:</b> <b>DANA NESSEL</b><br><b>ATTORNEY GENERAL MICHIGAN</b><br><b>525 W. OTTAWA STREET</b><br><b>LANSING MICHIGAN 48906</b>   |  | <b>B. Received by (Printed Name)</b>  | <b>C. Date of Delivery</b> |
| <br>9590 9402 7437 2055 8015 78   |  | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |                            |
| <b>2. Article Number (Transfer from service label)</b>   |  | <b>3. Service Type</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Insured Mail</li> <li><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul> |                            |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

|  |  |   |  |
|--|--|---|--|
| <b>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT<br/>OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.</b>   |  | <b>U.S. Postal Service™<br/>CERTIFIED MAIL® RECEIPT</b><br><i>Domestic Mail Only</i>                                    |  |
|    |  | For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.<br><b>OFFICIAL USE</b> |  |
| <b>Certified Mail Fee</b><br>\$<br>Extra Services & Fees (check box, add fee as appropriate)   |  | Postmark<br>Here  |  |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$<br><input checked="" type="checkbox"/> Return Receipt (electronic) \$<br><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$<br><input type="checkbox"/> Adult Signature Required \$<br><input type="checkbox"/> Adult Signature Restricted Delivery \$ |  |   |  |
| <b>Postage</b><br>\$<br><b>Total Postage and Fees</b><br>\$<br><b>Sent To</b> <b>DANA NESSEL ATT. GENERAL</b><br>Street and Apt. No., or PO Box No.<br><b>525 W. OTTAWA STREET</b><br>City, State, ZIP+4®<br><b>LANSING MICHIGAN 48906</b>   |  |   |  |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions   |  |   |  |

|  |  |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
|--|--|---|--|--|---|--|---|--|--|---|--|--|---|--|--|---------------------------------------|--|--|--|
| COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/><b>X</b></p> <p><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <p>1. Article Addressed to: <b>MR ELLIS MITCHELL</b><br/> <b>CITY MANAGER</b><br/> <b>200 EAST WALL STREET</b><br/> <b>BENTON HARBOR MI</b><br/> <b>49022</b></p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <br>9590 9402 7437 2055 8015 61   |  | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> |  | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Restricted Delivery | <input type="checkbox"/> Insured Mail |  | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |
| <input type="checkbox"/> Adult Signature   | <input type="checkbox"/> Priority Mail Express®              |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery   | <input type="checkbox"/> Registered Mail™                    |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Certified Mail®   | <input type="checkbox"/> Registered Mail Restricted Delivery |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Signature Confirmation™             |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Collect on Delivery   | <input type="checkbox"/> Signature Confirmation              |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery   | <input type="checkbox"/> Restricted Delivery                 |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Insured Mail  |  |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)   |  |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <p>2. Article Number (Transfer from service label)</p>   |  |   |  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

|  |  |   |  |
|--|--|---|--|
| <p>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE</p> <p><b>CERTIFIED MAIL</b></p> <p>70222 1670 0001 2173 0566</p>  |  | <p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b><br/> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee</p> <p>\$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input checked="" type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage</p> <p>\$</p> <p>Total Postage and Fees</p> <p>\$</p> <p>Sent To</p> <p>MR. ELLIS MITCHELL<br/> Street and Apt. No., or PO Box No.<br/> 200 EAST WALL STREET<br/> City, State, ZIP+4®<br/> BENTON HARBOR MI 49022</p> |  |
| <p>Postmark Here</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> <p>See Reverse for Instructions</p>  |  |   |  |

70222 16700 0001 2173 0569

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**OFFICIAL USE**

**0257 05**

**DEC-5-2022** Postmark Here

**12/05/2022**

|  |          |
|--|----------|
| Certified Mail Fee   | \$ 3.25  |
| Extra Services & Fees (check box, add fee as appropriate)              | \$ 10.35 |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy)          | \$ 10.35 |
| <input checked="" type="checkbox"/> Return Receipt (electronic)        | \$ 10.00 |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | \$ 10.00 |
| <input type="checkbox"/> Adult Signature Required                      | \$ 0.00  |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | \$ 0.00  |
| Postage  | \$ 3.84  |
| Total Postage and Fees   | \$ 17.44 |

**Sent To**  
KATHERINE GARDNER ATN  
Street and Apt. No., or PO Box No.  
306 TOWNSEND STREET  
City, State, ZIP+4®  
LANSING MICHIGAN 48933

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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**OFFICIAL USE**

**0257 05**

**DEC-5-2022** Postmark Here

**12/05/2022**

|  |          |
|--|----------|
| Certified Mail Fee   | \$ 3.25  |
| Extra Services & Fees (check box, add fee as appropriate)              | \$ 10.00 |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy)          | \$ 10.35 |
| <input checked="" type="checkbox"/> Return Receipt (electronic)        | \$ 10.00 |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | \$ 10.00 |
| <input type="checkbox"/> Adult Signature Required                      | \$ 0.00  |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | \$ 0.00  |
| Postage  | \$ 3.84  |
| Total Postage and Fees   | \$ 17.44 |

**Sent To**  
ATTORNEY CAMI PENDELL  
Street and Apt. No., or PO Box No.  
P.O. BOX 30048  
City, State, ZIP+4®  
LANSING MICHIGAN 48909

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

70222 16700 0001 2173 0568

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**OFFICIAL USE**

**0257 05**

**DEC-5-2022** Postmark Here

**12/05/2022**

|  |          |
|--|----------|
| Certified Mail Fee   | \$ 3.25  |
| Extra Services & Fees (check box, add fee as appropriate)              | \$ 10.00 |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy)          | \$ 10.35 |
| <input checked="" type="checkbox"/> Return Receipt (electronic)        | \$ 10.00 |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | \$ 10.00 |
| <input type="checkbox"/> Adult Signature Required                      | \$ 0.00  |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | \$ 0.00  |
| Postage  | \$ 3.84  |
| Total Postage and Fees   | \$ 17.44 |

**Sent To**  
MR. ELLIS MITCHELL  
Street and Apt. No., or PO Box No.  
200 EAST WALL STREET  
City, State, ZIP+4®  
BENTON HARBOR MI 49022

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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**OFFICIAL USE**

**0257 05**

**DEC-5-2022** Postmark Here

**12/05/2022**

|  |          |
|--|----------|
| Certified Mail Fee   | \$ 3.25  |
| Extra Services & Fees (check box, add fee as appropriate)              | \$ 10.00 |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy)          | \$ 10.35 |
| <input checked="" type="checkbox"/> Return Receipt (electronic)        | \$ 10.00 |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | \$ 10.00 |
| <input type="checkbox"/> Adult Signature Required                      | \$ 0.00  |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | \$ 0.00  |
| Postage  | \$ 9.90  |
| Total Postage and Fees   | \$ 23.50 |

**Sent To**  
ATTY. JEFFERY HOLMSTROM  
Street and Apt. No., or PO Box No.  
830 PLEASANT STREET SUITE 100  
City, State, ZIP+4®  
ST. JOSEPH, MICHIGAN 49085

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 1670 0001 2173 0511

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Saint Joseph, MI 49085

**OFFICIAL USE**

|  |          |
|--|----------|
| Certified Mail Fee   | \$ 3.25  |
| Extra Services & Fees (check box, add fees as appropriate)             |          |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy)          | \$ 10.35 |
| <input checked="" type="checkbox"/> Return Receipt (electronic)        | \$ 10.00 |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | \$ 10.00 |
| <input type="checkbox"/> Adult Signature Required                      | \$ 0.00  |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | \$ 0.00  |

|                        |          |
|------------------------|----------|
| Postage                | \$ 17.05 |
|                        | \$       |
| Total Postage and Fees | \$30.65  |
|                        | \$       |

*Sent To*  
THADDEUS HACKWORTH ATTY  
Street and Apt. No., or PO Box No.  
701 MAIN STREET  
City, State, ZIP+4®  
ST. JOSEPH MICHIGAN 49085

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0257 30144  
KENNESEAW GA Postmark Here  
12/05/2022 USPS

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CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Niles, MI 49110

**OFFICIAL USE**

|  |          |
|--|----------|
| Certified Mail Fee   | \$ 3.25  |
| Extra Services & Fees (check box, add fees as appropriate)             |          |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy)          | \$ 10.00 |
| <input checked="" type="checkbox"/> Return Receipt (electronic)        | \$ 10.35 |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | \$ 10.00 |
| <input type="checkbox"/> Adult Signature Required                      | \$ 0.00  |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | \$ 0.00  |

|                        |         |
|------------------------|---------|
| Postage                | \$ 9.90 |
|                        | \$      |
| Total Postage and Fees | \$23.50 |
|                        | \$      |

*Sent To*  
MARGE DURAM-HIOTT  
Street and Apt. No., or PO Box No.  
320 BELL RD  
City, State, ZIP+4®  
NILES MICHIGAN 49120

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0257 30144  
KENNESEAW GA Postmark Here  
12/05/2022 USPS

7022 1670 0001 2173 0511

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Lansing, MI 48933

**OFFICIAL USE**

|  |          |
|--|----------|
| Certified Mail Fee   | \$ 3.25  |
| Extra Services & Fees (check box, add fees as appropriate)             |          |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy)          | \$ 10.00 |
| <input checked="" type="checkbox"/> Return Receipt (electronic)        | \$ 10.35 |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | \$ 10.00 |
| <input type="checkbox"/> Adult Signature Required                      | \$ 0.00  |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | \$ 0.00  |

|                        |          |
|------------------------|----------|
| Postage                | \$ 12.75 |
|                        | \$       |
| Total Postage and Fees | \$26.35  |
|                        | \$       |

*Sent To*  
NICHOLAS BAGLEY ATTY  
Street and Apt. No., or PO Box No.  
111 SOUTH CAPITAL AVE  
City, State, ZIP+4®  
LANSING MICHIGAN 48933

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0257 30144  
KENNESEAW GA Postmark Here  
12/05/2022 USPS

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CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Lansing, MI 48933

**OFFICIAL USE**

|  |          |
|--|----------|
| Certified Mail Fee   | \$ 3.25  |
| Extra Services & Fees (check box, add fees as appropriate)             |          |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy)          | \$ 10.00 |
| <input checked="" type="checkbox"/> Return Receipt (electronic)        | \$ 10.35 |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | \$ 10.00 |
| <input type="checkbox"/> Adult Signature Required                      | \$ 0.00  |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | \$ 0.00  |

|                        |         |
|------------------------|---------|
| Postage                | \$ 9.90 |
|                        | \$      |
| Total Postage and Fees | \$23.50 |
|                        | \$      |

*Sent To*  
DANA NESSLE ATT. GENERAL  
Street and Apt. No., or PO Box No.  
525 W. OTTAWA STREET  
City, State, ZIP+4®  
LANSING MICHIGAN 48906

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0257 30144  
KENNESEAW GA Postmark Here  
12/05/2022 USPS